

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720-0009 Bolse, Idaho 83720-0009 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@dhw.idaho.gov

August 17, 2012

Carissa Bulletts, Administrator Friends and Family Living Center 185 Constellations Road Idaho Falls, ID 83402

License #: RC-977

Dear Ms. Bulletts:

On June 7, 2012, a Fire Life Safety Survey was conducted at Friends & Family Living Center. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Tom Mroz, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

Health Facility Surveyor

Facility Fire Safety & Construction Program

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c:

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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June 13, 2012

Carissa Bulletts, Administrator Friends & Family Living Center 185 Constellations Rd Idaho Falls, ID 83402

Dear Ms. Bulletts:

On June 7, 2012, a Fire Life Safety Survey was conducted at Friends & Family Living Center - Tierragold Assisted Living Center, Llc. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by July 7, 2012.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK P. GRIMES

Supervisor

Facility Fire Safety & Construction Program

MPG/lj

Enclosure

Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: 01 - BUILDING 1 A. BUILDING B. WING 13R977 06/07/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 165 + 175 + 185 + 195 CONSTELLATIONS ROAD FRIENDS & FAMILY LIVING CENTER IDAHO FALLS, ID 83402 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R 000 Initial Comments R 000 The facility was found to be in substantial compliance with the life safety code requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard life safety code survey conducted on June 7, 2012. The surveyor conducting the survey was: Tom Mroz CFI-II Health Facility Surveyor Facility Fire Safety & Construction

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Survey Team Leader Facility Name **NON-CORE ISSUES** Administrator DS GOV Ŏ Ž な可認 1002 'n AMILY S C 1 DERO Survey Type Physical Address つんぎ 195 - 205 0 Constaction ZIP Code Survey Date Phone Number 208-227. OFUI 6-7-12

	Date Signed	Signature of Facility Representative	Response Required Date	Kespo
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•		A MONTAN BASIS (REPEAT DEFICIENCY)		
M	7/2/12	THE FACILITY FATLED TO CHEK THE FOR EXTUNGUISHES ON	415.03	W
(SHET PER QUARTER [RT PEAT)+ MINGENT		
T	6/12/12	THE FACILITY FAILED TO PERFORM ONE FIRE DOIL PER	410.02	V
•				
. 1	6/11/12	THE FIRE FRED HATTER DEVICES HAVE NOT HER INCHORE (6/11/12	415.02	_
USE	RESOLVED			#
סחס		DESCRIPTION	RULE#	

6-72-12